**RETURN TO WORK FORM**

This form is to be completed when a PA returns to work after sickness

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| --- | --- |
| **Full name** |  |
| **Date of Absence** |
| **From** |  | **To** |  |
| **Length of Absence** |
| **Days** |  |
| **Weeks** |  |
| **Months** |  |
| **Reason(s) for Absence** |
|  |
| **Reasonable Adjustments / Phased Return to work / Personal Emergency and Evacuation Plan****(if any of the above applicable)** |
|  |
| **Employee Signed:** |  |
| **Employer Signed:** |  |
| **Date:** |  |